COMMUNITY HEALTH PARTNERS FOR SUSTAINABILITY

STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING

How can issues be addressed through collaboration?

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Director, Community Health Partners for Sustainability

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Supported via a National Cooperative Agreement with U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care

Why Partner?

Without partnership

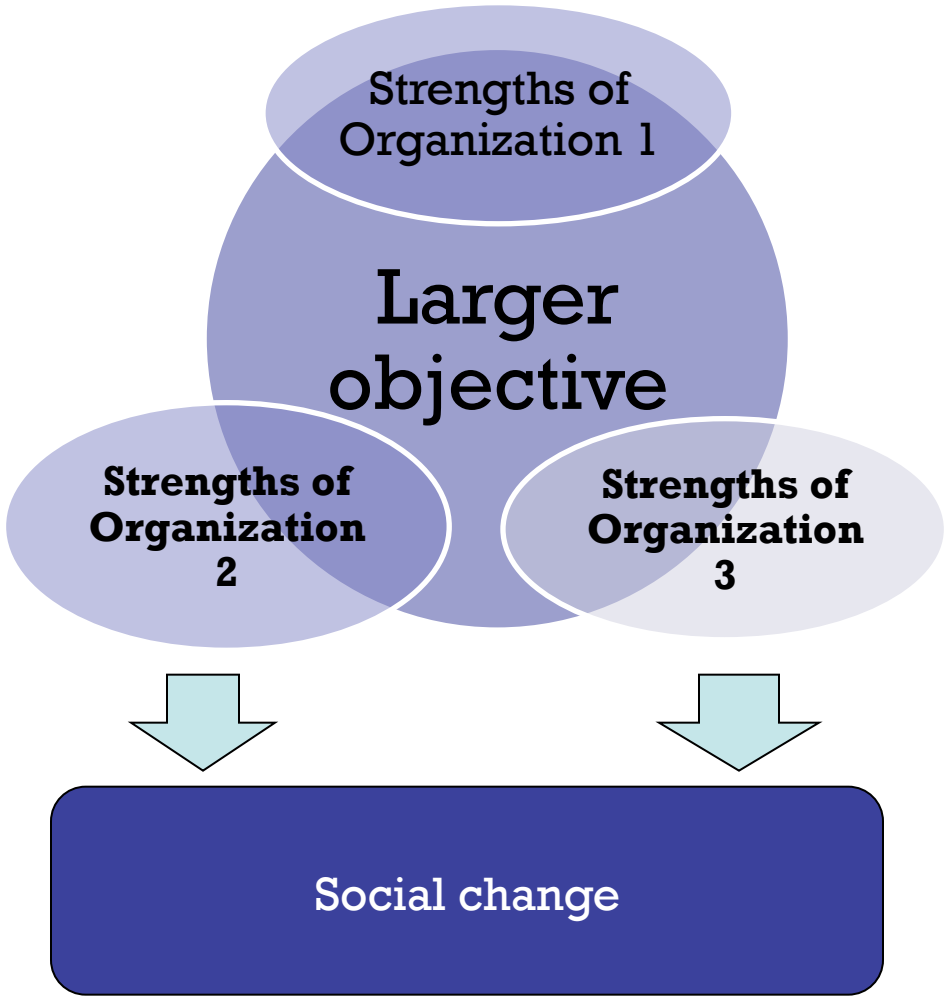
Organization 1

Organization 2

Nebulous idea of social change

Organization 3

With partnership



Partnerships Failed: Lessons Learned

Organizations who provide value added
vs.
organizations with similar areas of expertise

The Partnership Matrix

Source:

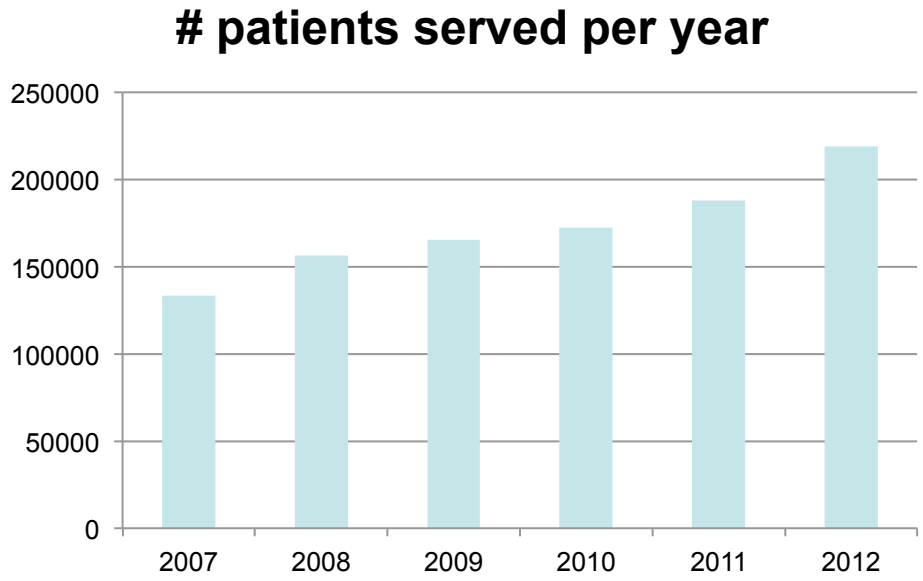
Stanford Social Innovations Review

Partnership example: Housing IS Health Care

Family Practice and Counseling Network	Philadelphia Housing Authority
Health centers serving neighborhoods with dense public housing	Provide space for new health center start-ups, converting housing units into clinic space
Provide health care and health promotion on-site and through housing authority events	Provide outreach to bring in new patients
Provide assistance enrolling in insurance	Tenant council representatives serve on HC advisory board

Public Housing Primary Care Program

- Subset of FQHCs (Section 330(i)) specifically designed to serve public housing residents
- In 2012, Served 219,220 patients through 76 reporting grantees
- Only units owned/ improved by a housing authority count for the health center's census (not voucher-only units)



HUD Secretary's Strategic Plan

Goal 3: Utilize Housing as a Platform for Increasing the Quality of Life

- **Goal 3B: Utilize HUD assistance to improve health outcomes**
  - **Strategy 3: Provide physical space to collocate healthcare and wellness services with housing (for example, onsite health clinics)**

Partnering with Housing

Key partners:

- HUD
- Your Housing Authority
- Housing Assistance Providers

Making the Case to a Housing Authority: Key Contacts

Partnerships must be explored early, through any or all of the following:

- Residents
  - **Tenant Councils**
- Housing Authority Staff
  - Executive Leadership
  - Development Staff
  - Outreach Staff
  - **Site Managers**
- Elected Officials

Making the Case to a Housing Authority: Return on Investment

Healthier residents are more able to:

- Access and keep decent jobs, including through the health center itself
- **Pay rent on time and meet other public housing regulations**
- Avoid school absences and successfully graduate on time
- Maintain safe households free of environmental hazards and domestic violence
- Achieve a higher quality of life

Partnership Example: Retail and Health Centers

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Partnership Example:
Congreso Health Center

Congreso – Background

- Mission: To strengthen Latino communities through social, economic, education, and health services; leadership development; and advocacy.
- Located in Eastern North Philadelphia
- Serve 15,000 community residents annually through 50 programs in health, social services, and education

Congreso – Background

- Service area statistics:
  - **Over 80%** of community at 200% of FPL or below
  - **Over 116,000** in service area that need care
  - Medically underserved area
- Client stories
  - **34%** of clients access care in the ER
  - **Over 60%** of clients have a chronic condition (asthma, heart disease, diabetes)
    - **40%** of clients go to ER annually with this condition

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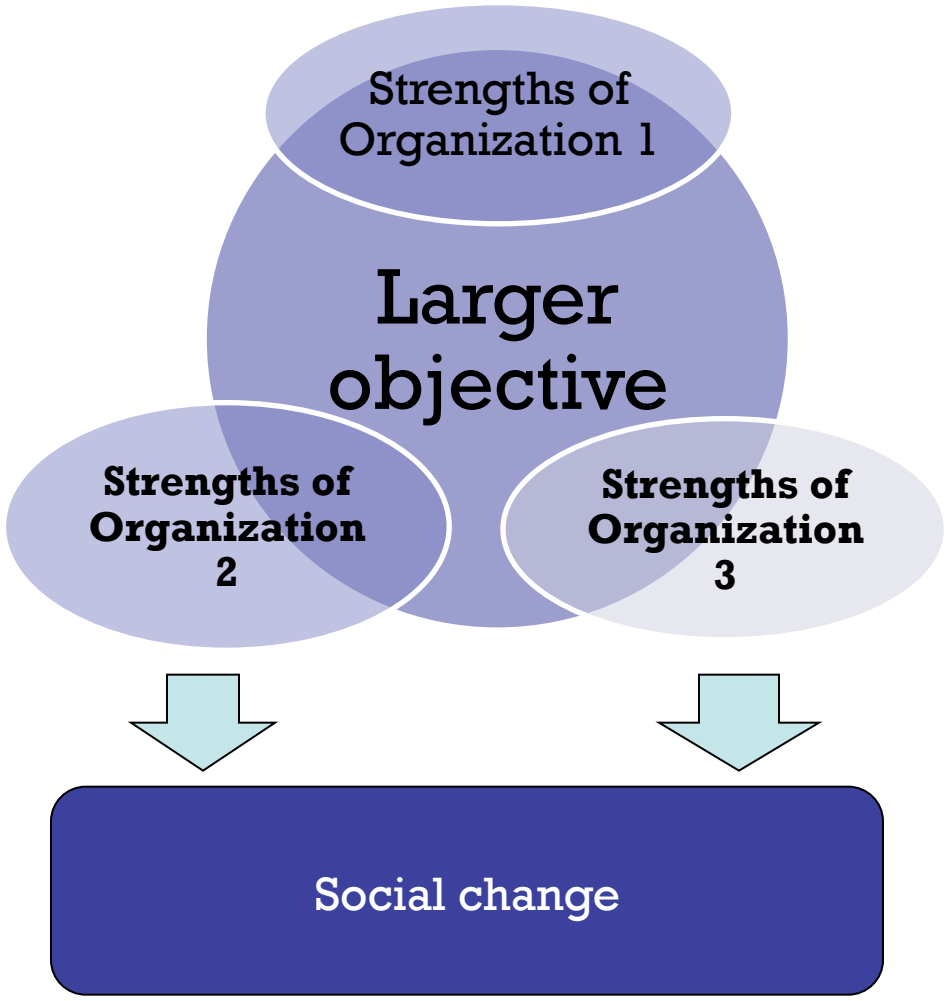
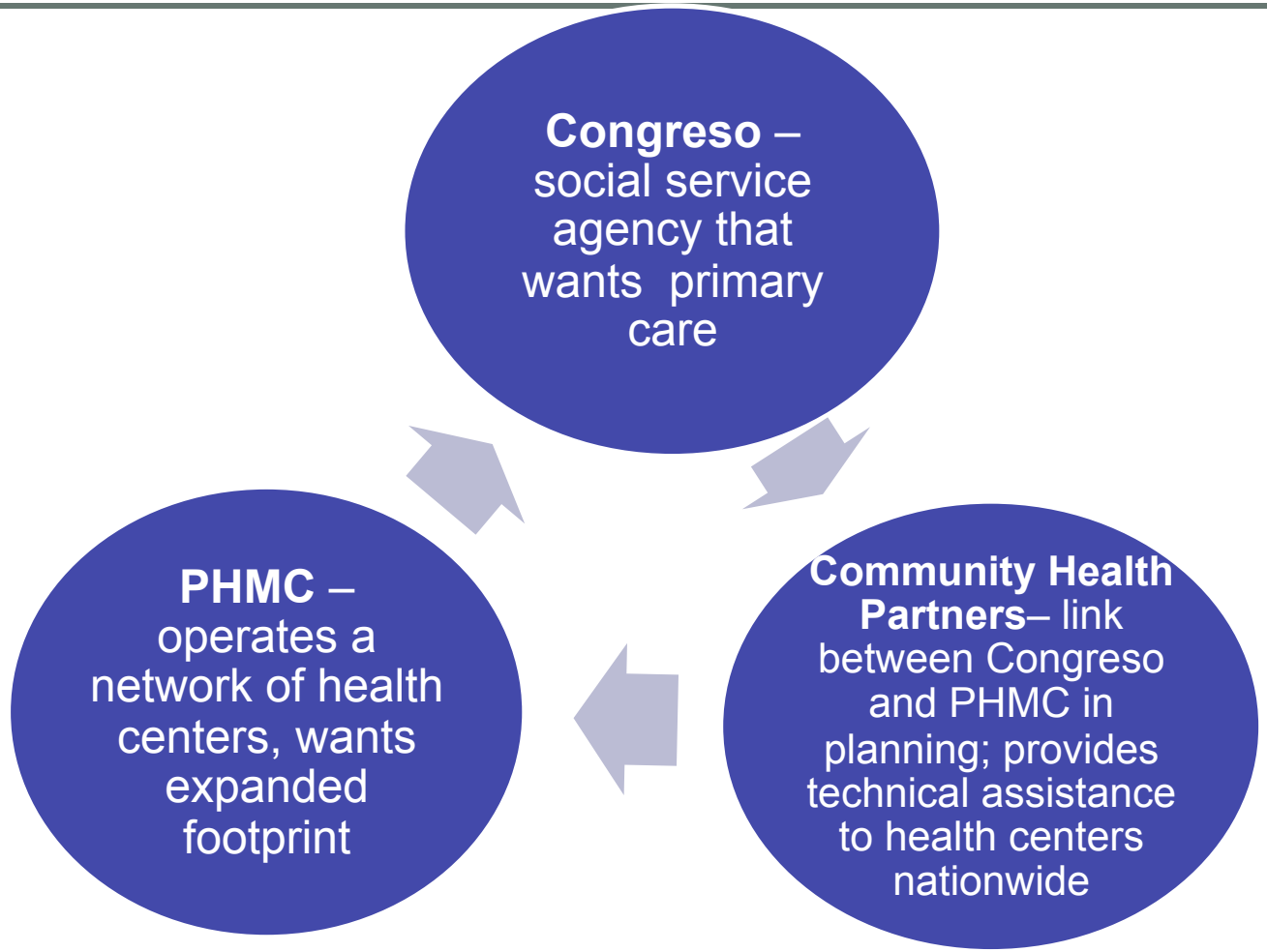


The different roles of the partners



PHMC - Background

- Public Health Institute with 20 years experience in Philadelphia region
- Five federally-qualified health center sites
- Health Care for the Homeless and Public Housing Primary Care grantee
- Strong clinical model supported by a network of internal ancillary care programs

PHMC – Interest in Partnership

- Demographic shifts in community; growing Latino population
- Respect for Congreso as service provider within community
- Expansion of care footprint
- Trust between leadership

CONGRESO
Strengthening Latino Communities

Summary of Outcomes - FY11

July 1, 2010 - June 30, 2011

Employment Outcomes

Indicator Name	Outcome	
Obtained industry recognized certification	95% certified	*73 clients*
Placed in a job	76% placed	*191 clients*
Reached 6 months of job retention	64% retained	*117 clients*

Education Outcomes

Indicator Name	Outcome	
Increased numeracy skills in alternative education (TABE Score)	49% increased	*33 clients*
Increased literacy skills in alternative education (TABE Score)	73% increased	*51 clients*
Increased numeracy skills in traditional education (Math Grade)	82% increased	*589 clients*
Increased literacy skills in traditional education (English Grade)	88% increased	*628 clients*
Attended school regularly *(80% attendance rate or better)*	86% attended regularly	*865 clients*
Promoted to the next grade (Exito Program only)	79% promoted 17% in summer school	*100 clients* *22 clients*
Obtained a GED	x 16 Obtained GED	*16 clients*
Progressed toward Associate's Degree	end 54 currently completing first year 38 currently completing second year	

Supportive Services: Economic Stability

Indicator Name	Outcome	
Enrolled in public benefits	x 960	*960 clients*
Returned tax dollars to community members	x 738,183 dollars returned	*451 clients*

Increased financial management knowledge	■■■■■■■■■■■■■■■■■■□□	90% increased	*103 clients*
Purchased a home	 x 12	homes purchased	
Prevented foreclosures	■■■■■■■■■■■■■■■■■■■■	99% prevented	*374 clients*

Supportive Services: Client Health & Safe Living Outcomes

Indicator Name		Outcome	
Increased knowledge of nutrition and disease	■■■■■■■■■■■■■■■■■■■□	95% increased	*1642 clients*
Increased knowledge of domestic violence	■■■■■■■■■■■■■■■■■■■■	98% increased	*897 clients*
Increased parenting knowledge	■■■■■■■■■■■■■□□□□□□	71% increased	*84 clients*
Avoided entry or re-entry into juvenile justice system	■■■■■■■■■■■■■■■■■■□□	90% did not enter	*47 clients*
Delayed repeat pregnancy or first time pregnancy (teens)	■■■■■■■■■■■■■■■■■■■□	93% delayed	*103 clients*
Improved behavioral health	■■■■■■■■■■■■□□□□□□□	63% improved	*91 clients*

Primary Client Management™ Outcomes

Indicator Name		Outcome	
Youth engaged in or achieved education outcomes	■■■■■■■■■■■■■■■■□□□□	80% engaged or achieved	*215 clients*
Adults employed	■■■■■■■■□□□□□□□□□□□□	38% employed	*267 clients*
Youth and adults engaging in removing barriers	■■■■■■■■■■■■■■□□□□□□	71% improved	*687 clients*

Adding primary care to existing social services

- Advantages:
  - Built-in Medicaid clientele
  - All-encompassing services for clients
  - Culturally competent staff already in place
- Challenge:
  - Service model must integrate into existing organizational culture

Benefits of Partnership

- Services complement each other – reduces care gaps on both sides
- Strengthens continuum of care for underserved residents
- FQHC rate supports both organization's services

The Innovation Behind the NNCC/PHMC/ Congreso Partnership

- Adding primary care to existing social services
- Pairing evaluation of health and social outcomes
- Utilizing volunteers in project planning and development
- **Establishing shared governance/ finances**

Establishing shared governance/ finances

PHMC established shared finances through a written contract

Finances:

Equal sharing of risks and rewards

= CONGRESO

= PHMC

Partnership Success: Lessons Learned

Trust at multiple levels of staff

Risk and opportunity on both sides (skin in the game)

Open communication

Clear metrics for performance

Thank You!

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